ESM Client ID:

Provider ID:

Intake Form
House of Correction

ESM Release of Information: ☐ Yes ☐ No

Enrollment Date: / /
mm dd yyyy

ALL QUESTIONS MARKED WITH A ▶ MUST BE COMPLETED.

1. First Name: **Middle Initial:** **Last Name:** **Suffix:**

▶ **2. Highest Grade Completed:**

☐ Not of school age ☐ High school diploma/GED ☐ College degree or higher ☐ No formal education
☐ Some schooling, no high school ☐ Some college ☐ Other credential (degree, certificate) ☐ Unknown
☐ Some high school ☐ Associates degree

▶ **3. Gender:** Male ☐ Female ☐ Transgender ☐

▶ **4. Birth Date:** / / *mm dd yyyy*

▶ **5. SSN:** *If unknown, enter 999999999*

PERSONAL INFORMATION>ADDRESS

▶ **6a. Address Type:** Home ☐ Near Homeless ☐ Homeless ☐

Refers to address type and address PRIOR to incarceration.
Please refer to the "Address Type Decision Tree" in the HOC Intake Manual to determine Address Type.

If Address Type is "Homeless", only enter the city/town and zip code where client is usually homeless. ***Do not use the Institution's city/town/zip.***

▶ Street Address: Unit:

▶ City/Town: ▶ State: ▶ Zip code:

▶ **6b. Is this your Primary Address? Yes** ☒

ALTERNATIVE NAME Section

If client has an alternative name, complete the following:

7a. First Name: **Middle Initial:** **Last Name:**

7b. Name Type: Alias ☐ Nickname ☐ Known by ☐ Married Name ☐ Maiden Name ☐ Name at Birth ☐ Prior Marriage Name ☐

DEMOGRAPHICS>CULTURAL CHARACTERISTICS

▶ **8a. Are you Spanish/ Hispanic/Latino?** Yes ☐ No ☐

If 'yes' to Question 8a, complete Question 8b. ***If 'no' to Question 8a, go to Question 9***

8b. Which of the following ethnicities best describes you?

_____ Central American
_____ Cuban
_____ Dominican
_____ Mexican, Mexican American, Chicano
_____ Puerto Rican
_____ Salvadoran
_____ South American
_____ Unknown
_____ Other, specify _____

If 'no' to Question 8a, Select one from below

9. What is your primary Ethnicity/Ancestry? *(select one only)*

_____ African
_____ African American
_____ American
_____ Asian Indian
_____ Brazilian
_____ Cambodian
_____ Cape Verdean
_____ Caribbean Islander
_____ Chinese
_____ Eastern European
_____ European
_____ Filipino
_____ Haitian
_____ Japanese
_____ Korean
_____ Laotian
_____ Latin American Indian
_____ Middle Eastern
_____ Portuguese
_____ Russian
_____ Thai
_____ Vietnamese
_____ Unknown
_____ Other ,specify _____

10. What is your race? *(check all that apply)*

_____ American Indian/Alaskan Indian	_____ Native Hawaiian or Pacific Islander	_____ Unknown
_____ Asian	_____ White	_____ Refused
_____ Black, African American	_____ Other, specify: _____	

11. In what language do you prefer to read or discuss health related materials?

_____ American Sign Language	_____ Haitian Creole	_____ Russian
_____ Cambodian (Khmer)	_____ Hmong	_____ Spanish
_____ Cape Verdean Creole	_____ Korean	_____ Vietnamese
_____ Chinese	_____ Laotian	_____ Other, specify _____
_____ English	_____ Portuguese	

HOUSEHOLD CHARACTERISTICS Section

12. Number of Adults in Household: 1

13. Number of Children Living in Household: 0

14. Client Income: $ 0

15. Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Significant Partnership Rlat.

INSURANCE Section (Data Entry: To get to Insurance Section, Return to Face Sheet and select Insurance link on left side of screen.)

16. Insurance Type: ☒ **Uninsured**

17. Is this your Primary Insurance? ☒ **Yes**